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Vol. XXXIX No. 12

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Journal of the Alumni Association of the
Albany Medical College

DECEMBER, 1918

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STORAGE

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

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Publisher's Department

Continued from page iii

mer epidemics of influenza are the same as those responsible for the pandemic of influenza occurring in 1889-90, and also the present pandemic.

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Continued on page ix

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Publisher's Department

Continued from page vii

When the influenza finally reached this country and with sudden onslaught swept over the Eastern section of the United States, these reliable and effective prophylactic and therapeutic agents were supplied in enormous quantities and were largely responsible for controlling the disease and in reducing mortality.

Reports from physicians in charge of Medical Work connected with industrial institutions, boards of health and from general practitioners abundantly justify the prophylactic use of Influenza Serobacterin containing the organisms isolated from the present epidemic in preventing Influenza and Pneumonia.

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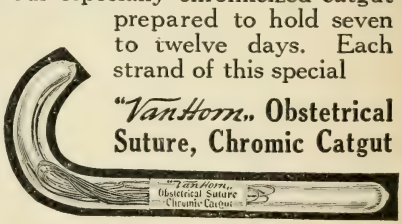

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VOL. XXXIX DECEMBER, 1918 No. 12

ALBANY MEDICAL ANNALS

Original Communications

REPORT OF A FEW CASES OF PSYCHIATRIC INTEREST.

Read before the St. Lawrence County Medical Society, October 1, 1918.

By HUGH S. GREGORY, M. D.,

Senior Assistant Physician, St. Lawrence State Hospital, Ogdensburg, N. Y.

In these cases much that has no bearing on the points which I wish to bring out has been eliminated so they are not to be considered as complete reports but merely as examples of psychiatric problems which have come up since the Wassermann test has been performed in this hospital. Not all of them are unusual cases. They are, rather, representative of types which are frequently admitted but have some points of interest which will perhaps be worth while mentioning here tonight. In these reports and discussions I am endeavoring to make it plain where we make mistakes in studying our cases as well as to mention the points concerning which we are presumably correct.

Case I.—H. E. M. Admitted May 22, 1918. F. H. Irrelevant. P. H. Male, age 43, married. Seven children. Wife had no miscarriages. Moderate beer drinker. Mail clerk. Successful. Said to have been in a "run-down condition" for past year. About six months before admission was sick in bed for six weeks with acute rheumatic fever. Ever since then had been despondent. Staggered while walking and often fell. Lost control of organic functions. In this case there was a vague history of possible syphilitic infection about twenty years previous. About three weeks before admission felt weak. Made mistakes in distributing mail. Stole articles from his fellow workmen and showed a general dilapidation of personality. For the past four days before admission was confused. Attempted to assault. Talked in a rambling manner.

It is stated that he had convulsions. Expressed ideas of grandeur such as that he owned much property, bonds, etc. Physically, was unable to walk or stand except with great difficulty. Pupils were dilated but reacted to light and accommodation. There was marked exaggeration of his deep reflexes. No Babinski or ankle clonus. Slurred over test phrases. Mentally was profane, completely disoriented and memory was defective. Attempted to strike examiner. Cooperated poorly in all tests. Because of this general dilapidation of personality, blunting of normal sense, vague history of syphilitic infection many years previous, exaggeration of deep reflexes, slurring over test phrases, etc., a tentative diagnosis of paresis was made. In the course of routine examinations in the laboratory, the blood and spinal fluid were examined with the following results: Cerebrospinal fluid showed a cell count of only 4 and globulin not increased. Fluid Wassermann negative and serum Wassermann negative. As a case of paresis with negative Wassermann of both fluid and serum and no evidence of meningeal inflammation would be practically an impossibility the case had to be studied further. Pellagra was next thought of and a careful examination was made to see if there were any manifestations of this disease but none were present. Three weeks following admission however he showed beginning development of the characteristic pellagra skin rash. Muscular twitchings also developed and the muscles were tense and spastic. He was placed upon the usual pellagra diet and seemed to improve slightly for a day or two but then failed rapidly and died the fifth day following the change of diet. Autopsy was refused.

Discussion: This case showed practically all the symptoms of paresis except the Argyll-Robertson pupils. However the examination of the spinal fluid and blood showed that paresis could not be present. No symptoms of pellagra had at first developed except the ataxia which is always suspicious in the presence of exaggerated knee jerks, but we did not prove our diagnosis until three weeks after admission when the skin symptoms of pellagra developed. This case showed very rapid decline and treatment was of no avail but serves to indicate the marked similarity between paresis and an incipient case of the so-called nervous type of pellagra. Both show what is called by Hoch, the "mental tension defect" and often have many symptoms in common.

Case II.—A. D. Admitted November 13, 1915. F. H. Negative except that a third cousin on the mother's side was insane. P. H. Male age 27. Single. Farm laborer. Used alcohol slightly but no drugs. In July, 1915, was infected with syphilis. About four months later began to suffer with severe frontal headaches which came on every

afternoon. It was stated that he was very restless and nervous, that the pains almost drove him wild and that he would become very active at times, singing and yelling at the top of his voice. After three or four weeks of this distress he came to the hospital and on admission was found to have a temperature of 102°. This however subsided in a few days. His pupils were found to react normally. Knee jerks were slightly increased. He repeated test phrases well. Showed a secondary rash of syphilis over the back. There was a scar of the initial infection on the penis and a few papules were found on the scrotum. The inguinal and posterior cervical glands were enlarged. On November 22, 1915, serological examination revealed the following data: The cerebro spinal fluid was very turbid and showed the presence of products of meningeal inflammation amounting almost to a dilute solution of pus. Cell count, 333 per cubic millimeter. Globulin increased. Gold Sol test showed slight precipitation in 5th to 8th tubes. Fluid Wassermann, 1 plus. Serum Wassermann, 1 plus. Culture proved to be bacteriologically sterile on ordinary media. He received three doses of neosalvarsan intravenously about two weeks apart and on January 17th a second serological examination was made. The fluid showed only faint turbidity. Cell count had dropped to 75 cells but much cellular detritus was noticeable in microscopic preparation. Globulin was only slightly increased. The Gold Sol test was negative. Fluid Wassermann negative. Serum Wassermann negative. He was discharged January 20th, recovered so far as mental symptoms were concerned and greatly improved physically, skin rash having subsided.

Discussion: To me the points of interest in this case are the severe meningitis occurring only four months after initial infection and the prompt improvement following neosalvarsan administration, although the pleocytosis had been unusually high. It is a matter of conjecture as to just when infection of the central nervous system occurs in syphilitic cases but this case would seem to indicate quite definitely that it may occur coincident with the secondary manifestations.

Case III.—W. C. B. Admitted July 28, 1915. F. H. Brother said to have had an attack of mental trouble, nature unknown. P. H. Male, age 53. Married twice. Janitor of a public school. Temperate. Hard worker. Energetic. Socially inclined. *Onset of Psychosis:* About three months before admission worried over past sexual conduct. Said that he had been intimate with a woman ten years previously and contracted syphilis. Was depressed. Thought something was wrong with his bowels and complained of trouble with his head. Said he had lost his manhood and that this was at the bottom of his troubles. A week before admission

would not eat. Became excited at times. Unable to work. Slept poorly. Threatened suicide. When examined here was emotional. Said he had sinned against God and that God would not forgive him. Moaned frequently and was very agitated. His orientation was good and memory showed no impairment. School knowledge was well retained and there were no symptoms which would point to any diagnosis but Involution Melacholia, which diagnosis was made. Physically, there was no evidence of any organic lesion. The routine examination of the blood however showed a 4 plus Wassermann and cerebro-spinal fluid examination showed a cell count of 151, globulin slightly increased and Wassermann of fluid 4 plus. In fact here was a typical picture of the serological findings in parenchymatous nervous syphilis with none of the physical or mental symptoms. He was given four intraspinous injections of mercurialized serum at fortnightly intervals and also received mercurial inunctions. At the end of this treatment another serological examination revealed the cell count only 48, globulin was still slightly increased, fluid Wassermann now negative and the serum Wassermann only 1 plus. Mentally he showed some improvement and was allowed to return home on October 21, 1915. There improvement continued. He gained 50 pounds in weight and made what seemed to be a complete recovery from his Involution Melancholia.

Discussion: Here is a case with evidence of an early syphilitic infection of the cerebro-spinal axis but too early for symptoms to develop. However, as in many other cases, it would seem that the beginning inflammation weakened his ability to adapt himself to his environment and he broke down with a psychosis peculiar to that decade of life (Involution Melancholia). The involution picture was so characteristic that there was no question as to the diagnosis. Upon vigorous treatment the syphilitic condition was markedly improved and we see a prompt and apparently complete recovery from the mental condition, even though involution melancholia is generally of quite long duration. Whether or not he will later develop paresis is problematical but quite probable. He did not receive as many intraspinous injections as was desirable because he objected to the pain which they caused, but for a long time has been apparently in a normal condition. It is not infrequent to find a beginning organic condition of the brain without the symptoms of that condition but with the symptoms of a purely psychogenetic reaction. This is apt to lead to confusion unless we consider that such a person's mental adjustment is presumably a very delicate one and it only

needs the anatomical alteration of the brain to throw off this mental balance and bring out that form of psychoses which the mental makeup of the individual makes most probable. Months or years later he may break down with a purely organic reaction.

Case IV.—T. J. B. Admitted October 22, 1917. F. H. Negative. P. H. Male, age 34. Born in England. Brick layer. Married. Stated that he had a chancroid in 1908. Used alcohol to the extent of a glass of beer a day. Wife had one child and no miscarriages. *Onset of psychosis:* In June, 1917, while working on an elevator some 90 feet high the platform on which he stood gave way and he had to hang by a rope for twenty minutes before being rescued. Was completely exhausted and slept for two hours. The strain proved to be a great shock to him. Since then he failed physically and a change was also noticed in his mental condition. He became more and more irritable, imagining that everybody was against him. He kept at his work however until five days before admission when he became very violent. Kicked his wife and daughter out of doors and threatened to shoot them. He worked part of the following day, then went to a saloon and became intoxicated. Was very active. It took four men to handle him and he was taken to jail. On admission here was very talkative and violent. Assaulted attendants and patients. Paced the floor. Was very grandiose in his delusional trend. Showed flight and distractability. There seemed to be no impairment in his memory although it was hard to determine this exactly as he did not cooperate well. No evidence however was elicited of any organic brain symptoms. Physically, pupils reacted to light and accommodation, reflexes were normal but inguinal glands were enlarged. The serum Wassermann was doubtful. The spinal fluid showed a cell count of 7, globulin moderately increased and fluid Wassermann 4 plus. He received rigid anti-syphilitic treatment by inunctions of mercury. About two weeks following admission he improved both physically and mentally and was less active. By the end of another week his improvement was very marked and three weeks later was practically normal. February 16, 1918, he was discharged recovered at the end of a six months parole. Diagnosis, Manic Depressive, Manic.

Discussion: This case like the former one showed what apparently was a purely psychogenetic psychosis, arising upon a syphilitic basis which tipped the scales the wrong way in a man who was perhaps poorly adjusted to life. He developed a psychosis which was not one that you would expect in a syphilitic nervous condition, but upon rigid anti-syphilitic treatment his psychosis (non-syphilitic) is recovered from.

Case V.—F. E. R. Readmitted January 25, 1916. F. H. Maternal grandfather, maternal granduncle, maternal uncle and father were insane. P. H. Male. 45 years of age. As a boy bright and wilful and difficult to control. When quite young began reading books on occult subjects and was always interested in the mysterious and supernatural. Was a traveling salesman for ten years and then for five years was on the stage as a professional hypnotist. Since then he obtained his living as a clairvoyant. Claimed extraordinary power over the actions of others. Said he could perform the miracles that Christ performed and talked about going to organize a city after the manner of Dowie. About nine years ago began taking drugs. He was twice married. Had one child by the second wife. No history of either wife having had miscarriages. On his first admission September 2, 1912, he was emotional. Wept much. Was earnest and eager to expound his theories. Jumped from topic to topic, but his conversation was never disconnected. At times he was over active. Ten months later he was discharged very much improved from apparently a manic psychosis. Again worked as a clairvoyant and in 1915 he opened a parlor in O———. Shortly before admission began to give money away on the streets. Gave about $800 in gold pieces to passers-by. Was readmitted January 26, 1916. Showed flight and distractability. Was restless, talkative and commented on everything. Showed no evidence of an organic condition. He was well oriented. Memory unimpaired. Physically there was nothing abnormal except active knee jerks. Serum Wassermann was negative. As his diagnosis seemed typically manic and his serum Wassermann was negative it was not thought necessary to examine the cerebrospinal fluid. However, subsequent symptoms proved that a puncture would have enlightened us considerably as in March, 1918, it was noticed that he became very grandiose. Stated that he had been in many battles, traveled all over the world, been a general, etc., so a second serum Wassermann was performed and found weakly positive. He soon developed a left-sided hemiplegia which made it evident that he had some organic brain involvement. Cerebrospinal fluid examination showed a cell count of 73 with greatly increased globulin and a 4 plus Wassermann. He failed gradually and died August 1. At autopsy brain was found to be characteristically that of a paretic.

Discussion: In this case we also have a man whose psychosis probably arose upon a syphilitic basis but which showed none of the characteristics of a syphilitic psychosis. Had we made an examination of the fluid we would have found abnormalities, probably even on his first admission, but there were no symptoms which made us suspicious and as his serum Wassermann was negative there seemed to be no indication for spinal fluid examination. Later in his residence here the character of his psychosis changed and from a manic form of insanity it changed

to the characteristic picture of a paretic and he developed a hemiplegia and died.

I do not claim for these cases that they represent anything that is unusual but have presented them because each teaches the necessity for a complete examination in every possible respect.

Editorial

The advice and medicine which the poorest laborer can now obtain, in disease, or after an accident, is far superior to what Henry the Eighth could have commanded. Scarcely any part of the country is out of the reach of practitioners, who are probably not so far inferior to Sir Henry Halford as they are superior to Dr. Butts. There has been a great improvement in this respect, Mr. Southey allows. Indeed he could not well have denied it. "But," says he, "the evils for which these sciences are the palliative, have increased since the time of the Druids, in a proportion that heavily outweighs the benefit of improved therapeutics." We know nothing either of the diseases or the remedies of the Druids. But we are quite sure that the improvement of medicine has far more than kept pace with the increase of disease during the last three centuries. This is proved by the best possible evidence. The term of human life is decidedly longer in England than in any former age, respecting which we possess any information on which we can rely. All the rants in the world about picturesque cottages and temples of Mammon will not shake this argument. No test of the physical well-being of society can be named so decisive as that which is furnished by bills of mortality. That the lives of the people of this country have been gradually lengthening during the course of several generations, is as certain as any fact in statistics; and that the lives of men should become longer and longer, while their bodily condition during life is becoming worse and worse, is utterly incredible.

Southey's Colloquies. MACAULAY.

Two Student Martyrs.

The recent epidemic of influenza made severe demands upon the medical resources of the community, felt all the more by the absence of many physicians in the military service of the country. In Albany every department of the hospitals and the College abandoned routine work and adapted their organizations to the urgent needs

of the crisis. Under the direction of Dean Ordway, assisted by the Faculty of the College, the students were assigned to posts of activity, in the wards not only of Albany institutions, but in hospitals of neighboring cities, and these young men engaged in this unusual and exacting work with the characteristic energy and abandon of youth. Two undergraduates contracted the disease and died. Their friends and teachers appreciate the sacrifice they have made and publish this testimonial to their devotion to their chosen profession, that their names may be inscribed upon the honor roll of their *alma mater*.

LLOYD EDWARD MILLER.

LLOYD EDWARD MILLER, 1919, was born at Warsaw, N. Y., January 18, 1894. Received his preliminary education in the Warsaw High School 1910-1914; and took one year of premedical work at the University of Alberta, Province of Alberta, Canada. In 1915 he entered the Albany Medical College. He was a member of Nu Sigma Nu fraternity. During this past summer he acted as interne at the County Hospital, Albany. During the recent influenza epidemic Mr. Miller, as a member of the fourth year class and the S. A. T. C., was assigned to ward work in Pavilion G. On October 20th, he felt the first symptoms of the disease and was admitted on the medical service of the Albany Hospital and put to bed. Despite all efforts on the part of the service he succumbed to influenzal pneumonia on October 31, 1918. Military funeral in St. Paul's Church. Interred at Warsaw, N. Y.

GEORGE OTIS GILMAN,

GEORGE OTIS GILMAN, 1920, Born at Amsterdam, N. Y., June 19, 1893. Received his high school education in Ballston. Because of extreme youth, he deferred entering college, to take up draughting at the General Electric Company shops in Schenectady, where he soon became a head draughtsman in the motor department. In 1914 he entered Union College for premedical work. Here he was elected president of the freshman class, and taken into the Phi Gamma Delta fraternity. Entered the Albany Medical College in 1915, and was elected a member of Nu Sigma Nu.

Mr. Gilman, as a member of the S. A. T. C., and a third year student, was assigned to duty at the Ellis Hospital in Schenectady. While there he developed influenza, then bronchopneumonia and expired on October 22d, two days before the orders came from Washington officially calling him into active military service.

Of both these students it must be said that each gave of himself unsparingly in the fight against the epidemic, thinking only of the crying need for medical men; each thus markedly lowered

his resistance to infection and allowed the factor of fatigue to play its important rôle in hastening the end. Each died in the Service.

In a personal letter to the families of the bereaved written by the Chief Visiting Physician of the Albany Hospital, Dr. Ordway, was this paragraph: "Though not working in France in a dressing station or hospital, though not wearing khaki and bars, nevertheless, like the medical men over there, with their self-same noble spirit, he gave his life that others might live. In this, our common bereavement, we can together be proud of his sacrifices."

An Aerial Ambulance.

The possibilities and performances of aerial transportation will soon be matters of common observation and knowledge, and appear to be now beyond the computations of even a year or two ago. People read of gigantic planes and of the enormous burdens conveyed through the air, but realization is only brought home as some friend or acquaintance is recorded among these heroes of the air. Among the pioneers is an alumnus of the Albany Medical College, Dr. George W. Beebe, of the Class of 1907, now a captain in the Medical Reserve Corps of the United States Army, on duty at Ellington Aviation Field, Texas, which is said to be the best equipped and most thoroughly organized training field for bombers in the country.

Last June there was constructed and equipped at Ellington Field a large Red Cross ambulance plane, providing for a pilot and a medical officer. It is so arranged that the turtle back directly behind the pilot's seat is removable and a regulation army stretcher fits inside the body. The surgeon occupies the second seat, which is removable, and a removable step assists in loading and unloading the patient.

An experience with this monster airship was a recent adventure of Captain Beebe's. He traveled ninety miles in eighty-five minutes to the relief of an officer with a badly broken leg. This flight is said to have been the longest recorded. The patient was placed in the compartment arranged for him, and the return trip, with a favorable wind, was made in fifty-five minutes. The patient is said to have been "so comfortable during the trip that he was asleep most of the time."

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.
Bureau of Vital Statistics.

Compiled by William F. Fullgraff, Registrar.

Deaths for the Month of October, 1918.

Consumption	28	Bright's Disease	13
Typhoid Fever	4	Apoplexy	14
Scarlet Fever	0	Cancer	13
Measles	0	Accidents and Violence	9
Whooping Cough	4	Deaths under 1 year	37
Grippe	420	Deaths over 70 years	47
Diarrheal Diseases	6	Death rate	71.34
Pneumonia	62	Death rate, less non-res	63.60
Broncho Pneumonia	30		

Deaths in Institutions.

	Non-res.	Res.		Non-res.	Res.
Albany Hospital	27	131	Public Places	3	0
Albany Hospital Camp	0	7	St. Margaret's House	4	0
Child's Hospital	1	0	St. Peter's Hospital	10	39
County Hospital	4	1	Maternity Hospital	1	2
Homeopathic Hospital	12	35	Fed'tion of Labor Camp	1	0
Hospital for Incurables	0	1	Training Infirmary	6	0
Home for Aged	0	5			
Penitentiary	1	0		70	221

Births	204
Still births	14

Division of Communicable Disease.

Typhoid Fever	4	Tuberculosis	24
Scarlet Fever	0	Pneumonia	475
Diphtheria and Croup	9	Mumps	4
Chickenpox	6	Puerperal Septicaemia	1
Smallpox	0	Influenza	7,091
Measles	0		
Whooping-cough	21	Total	7,635

Number of days quarantine for scarlet fever:
Longest..... 0 Shortest..... 0 Average..... 0
Number of days quarantine for diphtheria:
Longest..... 66 Shortest..... 14 Average..... 31⅔
Fumigations: Rooms..... 469 Buildings..... 65
Milk bottles disinfected 121

Communicable Disease in Relation to Schools.

	Reported D.
Public School No. 14	1
Vincentian Institute	1

NURSE'S REPORT.

Tuberculosis.

Living cases on record October 1, 1918		884
Cases reported:		
By card	14	
Dead cases by certificate	10	24
		908
Dead cases previously reported	18	
Dead cases not previously reported	10	
Removed	1	29
Living cases on record November 1, 1918		879
Total tuberculosis death certificates		28
Non-resident deaths:		
Albany Hospital Camp	1	
St. Margaret's Home	2	
Albany Hospital	2	
Homeopathic Hospital	1	6
Resident deaths		22
Visits to cases of tuberculosis		20
Visits to cases of influenza		44
Miscellaneous		14

LABORATORY REPORT.

Diphtheria.

Initial Positive	12	Suspicious	1
Initial Negative	105	Unsatisfactory	15
Release Positive	19		
Release Negative	160	Total	312

Sputum for Tuberculosis.

Positive	26	Suspicious	4
Negative	34		
		Total	64

Widals.

Positive	2	Unsatisfactory	1
Negative	9		
		Total	12

Miscellaneous.

Wassermann tests	48	Milk analyses	78

Division of Sanitation.

Complaints	81	Reinspections	53
Inspections	69	Plumbing	5
Plumbing	4	Sanitary	48
Sanitary	65		

Hearings.

Hearings	0

Division of Plumbing, Drainage and Ventilation.

Inspections	79	New buildings	3
Old houses	65	Houses tested	3
New houses	14	Water test	3
Permits issued	69	Houses examined	29
Plumbing	67	Re-examined	51
Building	2	Valid	19
Plans submitted	6	Without cause	10
Old buildings	3		

Report of Removal of Dead Animals.

Horses removed	24	Cats removed	70
Dogs removed	46		
		Total	140

Division of Markets and Milk.

Public market inspections	19	Milk cans inspected	454
Milk depots inspected	14	Lactometer readings	84
Stores inspected	20	Temperature readings	84

Miscellaneous.

Cards posted for communicable disease	9	Dressings	75
Cards removed	3	Cases assigned to health physicians	88
Notices served on schools	40	Calls made	280
Notices served on stores and factories	5	Employment certificates issued to children	21
Postal card returns sent to doctors	9	Garbage collected from 1st district	386 bbls.
Postal card returns received from doctors	3	Garbage collected from 2nd district	277 bbls.
Inspections and reinspections	9	Garbage collected from 3rd district	434 bbls.
Vaccinations	18		

Medical News

Albany Guild for Public Health Nursing.—Statistics for November, 1918.—Number of cases during month, 466; classified as follows: Dispensary patients receiving home care, 0; district cases reported by health physicians, charity cases reported by other physicians, 159; moderate income patients, 145; metropolitan patients, 158; old cases still under treatment, 6; total number of cases under nursing care during month, 472. Classification of diseases for the new cases: Medical, 414; surgical, 13; gynecological, 2; obstetrical under professional care, mothers, 39; infants, 32; pre-natal, 7; eyes and ear, 4; skin, 0; throat and nose, 0; dental, 0; infectious diseases in the medical list, 255; infectious diseases in the surgical list, 0. Disposition: Removed to hospitals, 16; deaths, 227; discharged cured, 121; discharged improved, 294; discharged unimproved, 16; number of patients still remaining under care, 33.

Special Obstetrical Department.—Number of obstetricians in charge of cases, 32; number of students in attendance, 0; number of nurses in attendance, 32; number of patients carried over from last month, 39; number of new patients during month, 23; number of patients discharged, 39; number of visits by head obstetrician, 0; number of visits by the attending obstetrician, 0; number of visits by students, 0; number of visits by nurses, 359; total number of visits for this department, 359.

Visits of Nurses (all departments).—Number of visits with nursing treatment, 2,975; for professional supervision of convalescents, 291; total number of visits, 3,266; cases reported to the Guild by health physicians, 10, and 76 other physicians; graduated nurses, 9; pupil nurses on duty, 0.

Dispensary Report.—Number of clinics held, 42; number of new patients, 82; number of old patients, 220; total number of patients treated during month, 302. Classification of clinics held: Surgical, 7; nose and throat, 17; eye and ear, 141; skin and genito-urinary, venereal, 75; medical, 69; lung, 7; dental, 0; nervous, 4; stomach, 0; children, 14; gynecological, 6;.

The Medical Review of Reviews announces that it has just purchased the third oldest medical journal in America—*the Buffalo Medical Journal*—founded seventy-four years ago by Dr. Austin Flint, and published regularly ever since. The *Medical Review of Reviews* is to absorb the *Buffalo Medical Journal*, beginning with its January 1919 issue. This is the third publication which the *Review* has purchased during the past few years. *The Medical Review of Reviews* further announces that it will be greatly increased in size beginning with the January 1919 issue, but that the subscription price is not to be increased.

Medical Service of the Army. Wounded.—Dr. Frederick Vosburgh (A. M. C. '15), a lieutenant of the Medical Reserve Corps, of Cobleskill,

is in a base hospital in France with a bullet wound in his left arm near the shoulder. Dr. Vosburgh was attached to the 79th Division in northern France and was hit by a machine gun bullet while on duty on the front line. After graduating Dr. Vosburgh served one year as interne at St. Peter's Hospital, and was a practicing physician at Standish, N. Y., when he enlisted in the army.

—Dr. Frank H. Hurst, Captain (A. M. C. '95), of Guilderland, N. Y., is in hospital in France, suffering from the effects of a gas attack by the enemy. His condition has been serious but is improving.

—Dr. Erastus Corning (A. M. C., '07), in charge of Base Hospital No. 33, U. S. A., stationed at Portsmouth, England, has been promoted to the rank of Lieutenant-Colonel.

—Dr. Dean W. Jennings (A. M. C., '07) of Catskill, N. Y., who recently enlisted in the Medical Reserve Corps with the rank of first lieutenant, has received his discharge and has returned home from Camp Sevier, Greenville, S. C.

No More Physicians to be Commissioned in the Medical Corps.—At ten o'clock on the morning of November 11th, the War Department discontinued the commissioning of physicians in the Medical Corps. This condition, in all probability, is permanent and no further consideration will be given applicants for a commission in the Medical Corps until further notice.

Personal.—Dr. Walter G. Murphy (A. M. C., '90) of Hartford, Conn., has returned home after a year of infant welfare work in Paris. While in France more than ten thousand babies were under the care of Dr. Murphy. At the time of the battle of Chateau-Thierry, on July 18, 1918, all nurses under Dr. Murphy were summoned by the Red Cross to care for the American wounded.

Child Welfare Campaign.—The Children's Bureau of the United States Department of Labor has issued the following plan:

In cooperation with the Woman's Committee of the Council of National Defense, and therefore with the principal woman's organizations of the country, the Children's Bureau is preparing plans for a *child welfare campaign for the second year of the war.* The first aim of the campaign will be to secure the Public Protection of Maternity and Infancy.

Public health authorities agree that one-half the deaths of infants are easily preventable, and that if children were well born and well cared for there would be practically no deaths of babies. Three hundred thousand American children under five die each year. Authorities also tell us that most of the fifteen thousand mothers who died last year died needlessly.

It is the plan of the Children's Bureau to save a certain definite proportion of these lives. It is believed that one hundred thousand lives can be saved this year notwithstanding the withdrawal of a large proportion of doctors and nurses for war service.

The State councils of defense and the State women's committees are called upon to be responsible for the State quotas. The actual methods by which those lives are to be saved are those whose effectiveness in saving children's lives is already demonstrated. They are described at length in various pamphlets which have been prepared by the Children's Bureau.

Briefly the methods are as follows:

First. The registration of births so that there may be an immediate record of every child born; and nursing and medical skill may be provided wherever family income does not permit its being secured independently.

Second. For every mother prenatal care, necessary care, of doctor and public nurse at confinement, and after care.

Third. Children's conferences where well babies can be taken periodically to be weighed and examined, and clinics where sick children may be given medical advice.

Fourth. The organization of State and city divisions or bureaus of child hygiene.

Fifth. The guarding of the milk supply, that every child may have his quota of clean, pure milk.

Sixth. An income making possible decent living standards.

In 1916 and in 1917 a nation-wide baby week was held under the auspices of the General Federation of Women's Clubs and the Children's Bureau which has resulted in awakening a new sense of civic responsibility for infant life in thousands of localities, and has secured many new activities such as nursing services, clinics, children's conferences, better milk and food supplies, better enforcement of birth registration laws.

In many communities the Baby Week celebrations have cost large sums, in others the Baby Week has proved an exceedingly effective means of awakening permanent interest at little or no expense.

Valuable as Baby Week is, however, the present emergency demands a longer and more comprehensive program. After the Nation's soldiers are provided for, the second year of the war should be dedicated by the civilian population to preserving the lives of the Nation's children. Is there any greater patriotic duty for the civilian population than to safeguard the welfare of the Nation's children?

Hence this year the plan is simpler and yet more far-reaching than ever before. It should be far more effective because through the women's committees not only the General Federation of Clubs but all the great women's organizations of the country will lend their cooperation.

Economy in unnecessary expenditures so as to save for essentials should characterize all work this year.

It is known that the examinations of the draft have resulted in a considerable number of rejections for physical defects which might have been remedied in infancy or early childhood if then recognized. Weight and height constitute on the whole a fair standard of development; how do the young children of the United States measure up to such a standard?

As a test of child welfare, to inaugurate the Children's Year which begins on April 6, the anniversary of the declaration of war by the United States, a nation-wide weighing and measuring of babies and children of pre-school age is proposed. No general test of children of pre-school age has ever been made, and an examination of such children with special reference to weight and height is now proposed as the primary feature of the war time Children's Year.

The Children's Bureau will provide a record card which will be arranged in duplicate so that one-half can be sent in to the Children's Bureau and one-half kept by the parents. The record will be filled out by trained physicians and nurses in many places, but if parents can not take their children to an examining station they can secure cards and make the record themselves. The record card will show the fair standard for children of a given age and parents can judge for themselves where their children stand. Should there be any great divergence from this standard it is a warning that the children's health should be given medical consideration or should be carefully looked after. The records will all be gathered and tabulated by the Bureau. The weighing and measuring experiment can be conducted with little or no expense.

Weighing and measuring should begin as soon as possible after the sixth day of April, and should be concluded within sixty days. It has been suggested that where Baby Week celebrations of any sort are to be held the last six days of this period, being the first six days of June, should be taken for Baby Week. Such celebrations as are held, will, it is hoped, especially emphasize the need of public health nurses and of special protection for young infants against the various dangers of summer heat.

One of the most remarkable developments of the war, a victory not heralded on front pages, yet which in time to come will be noted by all students of human welfare is the saving of infant life in England during the second year of the war. The report of the Chief Medical Officer of the Local Government Board, Sir Arthur Newsholme, published in 1917, shows for one sanitary district after another throughout England and Wales the number of babies who died before the war, those who died the first year of the war and the deaths for the second year of the war, 1916.

It is startling to turn over the pages of this report and to see that the general social confusion of the first year of the war resulted in a large increase in the number of babies who died. But in the second year of the war when the local government board was enabled to grant financial aid to the various sanitary districts and to secure cooperation in its policy

of health visitors for every mother and baby, of health centers for consultation, of hospital care for sick mothers and babies, the rate went down not only far below the rate for the year before, but far below the rate previous to the war.

This record of life saving in the midst of the strain of war by means so simple and so at command is entirely without parallel.

Although the United States now lacks the machinery for such Federal Aid as England was enabled to grant a local work it has power enough locally to make a very creditable showing, and, it may be hoped, to pave the way for such Governmental provision as will enable the United States to show the even greater salvage which its unexhausted condition makes possible.

In Memoriam

William B. Melick, M. D.

Dr. William B. Melick, of Fort Edward, died in New York City on November 8, 1918. He is survived by his wife, who was by his bedside when he died; a daughter, Mrs. Clarence Collins of Bellows Falls, Vt., and two sisters, Miss Mathilda and Miss Ella Melick of Glens Falls.

Dr. Melick was born in Albany and was a graduate of the Albany Medical College in the Class of 1884. Previous to that he was graduated from Williams College with the degree of A. B. After he had finished his course in the Medical College he took an eighteen months' course in St. Peter's Hospital, Albany, and from there went to Fort Edward to practice his profession. He was a member of the vestry of St. James' church and of the board of education. For many years he was a member of the board of censors of the Washington County Medical Society and had been its president and vice-president. He was a member of the Glens Falls, Hudson Falls and Fort Edward Medical Society, and of the Saratoga Medical Society. He was chairman of the board of the committee on registration of the Medical Society of Washington County and for several years was coroner.

Dr. Melick was a member of the Blue Lodge, Knights Templar, Calvary Commandery 69, and of the Nobles of the Mystic Shrine of Troy.

Current Medical Literature

PEDIATRICS

Congenital Atresia of Small Intestine.—Dr. Frank Vander Bogert, who is in charge of the department of pediatrics during the absence of Dr. Shaw in military service, in the January issue of *Archives of Pediatrics* describes the fourth case of congenital atresia in which there was complete obstruction, the small intestine being probably twenty-five inches above the ileo-cecal valve. There is complete absence of the intestine for about half an inch and both small and large bowel are fully developed.

"The advisability of operation was carefully considered but surgical interference was deferred to a time when there was no hope of relief, the decision to wait being based upon the evacuation of meconium, and this brings up a very interesting and valuable diagnostic point. In two of my cases, both incomplete, there was comparatively free evacuation of the bowels and the stools, though in one case small and in the other obtained only by enema, were apparently normal in character. The two complete cases showed peculiar types of stool upon which a diagnosis of complete obstruction might safely be based. In one, the evacuation was described by the physician as a piece of "cheesy material," was white or very light yellow in color and of the appearance and consistency of cottage cheese. Similar masses were found in the colon at autopsy and were unquestionably made up of epithelium with no bile or other constituents of meconium. The other, the case above reported, showed an apparently normal meconium except that bile could not be demonstrated.

"When, therefore, the advisability of operation is in question because of ability to obtain stool by enema, the absence of bile in the stool should, I believe, be conclusive evidence of a complete obstruction and should decide for immediate operation, hopeless as the outlook may be."

NEW YORK STATE MEDICAL LIBRARY

Edited by Frances K. Ray

After careful consideration and consultation with the faculty of the Medical College and many other physicians, it has been deemed wise to return temporarily to our former schedule of opening the Medical reading rooms *two nights a week* (Tuesdays and Thursdays) instead of every evening as in recent years. Full evening opening will be resumed at any time that its need is indicated by increase in the number of readers which has been so greatly diminished of late because of military demands upon the medical profession.

Meanwhile, physicians are reminded that books may always be borrowed for home use or reserved in the general reading room upon request.

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It is so long since the Library has received any German publications that it may be of interest to readers to know that a shipment of German periodicals has just been received, including 1918 numbers of the following titles:

Archiv für experimentelle Pathologie und Pharmakologie.
Archiv für Ohren-, Nasen-, und Kehlkopfheilkunde.
Biochemische Zeitschrift.
Centralblatt für allgemeine Pathologie und pathologische Anatomie.
Centralblatt für Bakteriologie, Parasitenkunde und Infektionskrankheiten.
Centralblatt für Gynäkologie.
Centralblatt für innere Medizin.
Dermatologische Wochenschrift.
Deutsches Archiv für klinische Medizin.
Medizinische Klinik.
Mitteilungen aus den Grenzgebieten der Medizin und Chirurgie.
Monatsschrift für Psychiatrie und Neurologie.
Münchener medizinische Wochenschrift.
Skandinavisches Archiv für Physiologie.
Zeitschrift für allgemeine Physiologie (Verworn).
Zeitschrift für Fleisch- und Milchhygiene.
Zeitschrift für Kinderheilkunde.
Zeitschrift für die gesamte Neurologie und Psychiatrie.
Zeitschrift für Tuberkulose.
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Albany Medical College

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VOLUME XXXIX

Ἀσφαλὲς καὶ ἔμπεδον ἔστω τὸ σὸν ἦδος. Ἐκ σκότου μὲν ἔξαγε
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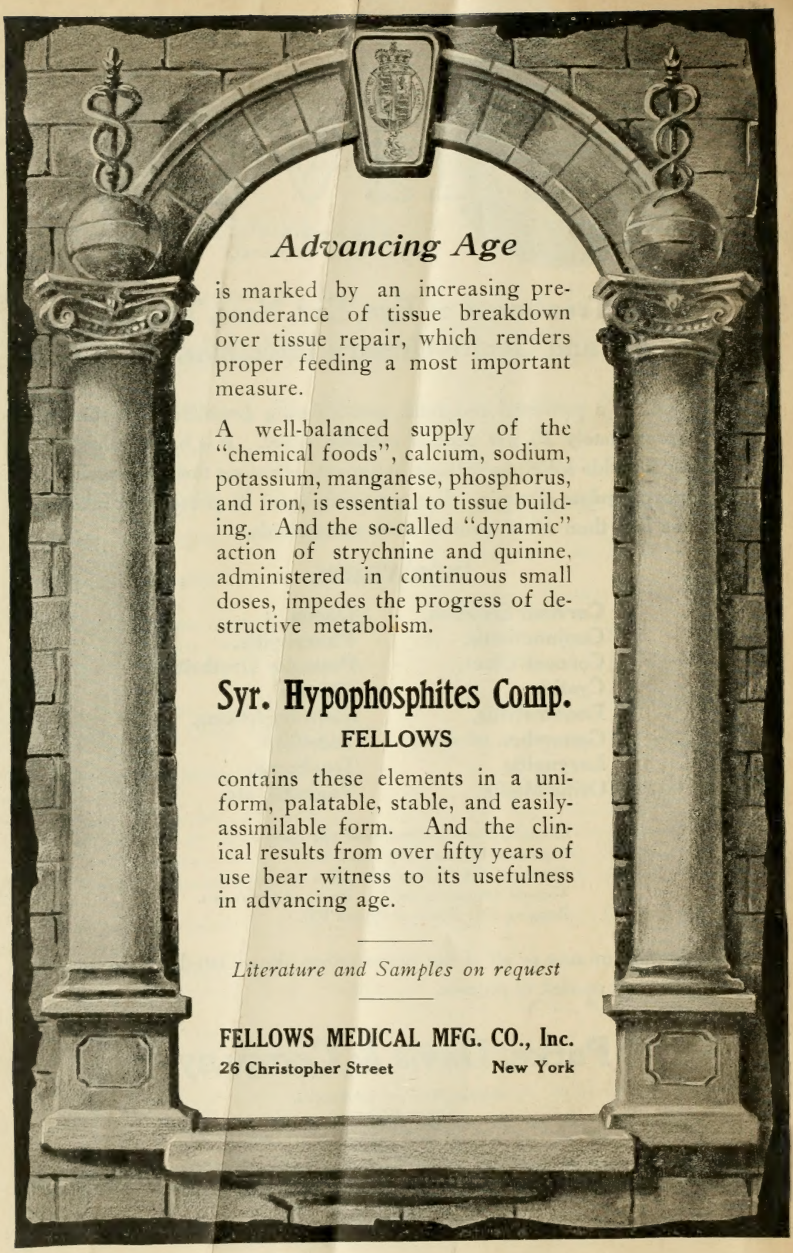
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